L20000361204

(Red	questor's Name)	
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09/27/21--01009--029 **25.00

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Agile Cour	rts LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Scott Jones		
		Name of Person	
	Agile Courts LLC		
		Firm/Company	
	8480 Caribbean Blvd.		
		Address	
	Cod or Door		
	Cutler Bay	City/State and Zip Code	
	devildoescott@gmail.com	to be used for future annual report not	
			ification)
For further information of	concerning this matter, please c	all:	
Scott Jones		at () 3056069114	‡
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		A	
Mailing Address Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Cor	
	P.O. Box 6327 The Centre of Tallahassee		
Tallahassee,	rl 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agile Courts LLC	ne a it now appears on our meants)
(Name of the Limited Liability Compa (A Florida Limited I	Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/16/2020 and assigned
Florida document number 1.20000361204	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Break Point Courts LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	8480 Caribbean Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Cutler Bay, Florida 33157
Enter new mailing address, if applicable:	8480 Caribbean Blvd.
(Mailing address MAY BE A POST OFFICE BOX)	Cutler Bay, Florida 33157
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Non Registrous Chica Pragress.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u></u>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			П Кетюче
			Change
			□ Remove
			Change
			□ Add
		□Remove	
		□Change	
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			□ Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if n	

Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:0) The 90th day after the record is filed.	1 a.m. on the earlier of:
Dated 9/21/21 11 11 11 11 11 11 11 11 11 11 11 11 1	
Signature of a member or authorized representative of a member	
Scott Jones	